



UNIFORMED EMT'S AND PARAMEDICS OF THE FDNY
LOCAL 2507, DC37, AFSCME AFL-CIO
718-371-0310

UEP Bulletin

WHAT'S IN A NAME

BY PATRICK J. BAHNKEN

William Shakespeare wrote, "...a rose by any other name would still smell just as sweet". Clearly Mr. Shakespeare never envisioned the New York State Court of Appeals when he wrote this passage but in the matter of Uniformed Status, no other name would hold the same meaning for us.

After more than thirty years of misclassification and six years of legal battles, we have finally prevailed in obtaining the correct name for our respective job titles. Although we have known all along that this was the proper, just and legal term to describe who we are and where we belong in the realm of City services, some people need to have it spelled out for them in a court decision.

While we are very happy that this chapter in the history of EMS is finally behind us, the real work begins now! Although I have addressed this subject many times before, I think it is prudent to again spell out exactly what this decision does and does not do for us.

What this decision does not do for us is grant us an immediate wage and benefit package in line with other Uniformed Services. Although we all agree that such a move on the City's part is not only extremely desirable but also long overdue, The fact remains that any such issue must be negotiated and that there will be no magic bullet but rather a constant and steady momentum that will eventually bring us to where we need and deserve to be.

What this decision does do for us is provide us with a level playing field when we sit at the bargaining table with the City. In the past, as part of the civilian bargaining unit, we were a small

group of workers in a very large pool. Too often we were forced to accept agreements that while fair to other city employees, did little to address the unique and specific needs of our titles. All that has now changed.



Rather than being a group of two thousand seven hundred in a unit of tens of thousands of city employees, we are now a group of two thousand seven hundred in a group of three thousand. This right of self-determination is the single greatest thing we could ever want and now we have it.

As we go forward, it will be important to keep in mind that change is a process and not an event. Change will occur in small steps and at times in giant leaps. Change can come quickly and yet at times it will move at a snails pace. But I can find no better words that those of the singer/songwriter Bob Dylan when he sang "The Times They Are A Changin'."

Now more than ever we must stand strong and united. We must envision our goals and stand together as we strive as one body to attain that which we deserve. This Court decision should make it obvious to even the greatest pessimist among us that when we stand together and refuse to give up on our goals, anything is possible.

In Solidarity

Patrick J. Bahnken
President

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PRIDE

By DONALD FAETH

Pride- (prid) *n* 1. *self respect.* 2. *Elation or satisfaction over one's achievements or possessions.* How proud are you to be an EMT or Paramedic?

I heard a comedian once re-enact a scene where a husband comes home from work and finds his pregnant wife lying on the couch, then he notices that dinner wasn't made yet. He sarcastically barks at her and states, "what the hell have you done all day." She looks up at him and confidently replies, "well lets seeeeee, today... I made a lung." The purpose of his act was to make me laugh, which I did. But looking at it a little closer, you can appreciate another aspect that has greater meaning... the fact that people do very important things every day, that they are not appropriately recognized or compensated for.

Ask yourself, "How important is the job I do as a FDNY EMT or Paramedic?" If all of us took tomorrow off, how many deaths would be contributed to that action? Then ask yourself, "how many people in the world can say that they have saved someone's life? Of those who can honestly make this claim, how many of them can say they have done so more than once? Today, I can confidently say that so many of the twenty-seven hundred people I proudly represent have done this so frequently, many have lost count. We hear of the heroics and life-saving efforts of other emergency service providers all the time, but EMS flies under the radar throughout it all. This is because saving a life in other professions is a fortunate event, not the primary mission. Much like surgeons, E/R physicians, nurses and other health care professionals, since preserving life is our primary job function, there exists no fanfare when it is accomplished. Ours is an inner pride, which we quietly feel when we resuscitate a child, clear the lungs of a patient in failure, alleviate the crushing pain of a cardiac victim or just hold the hand of a dying elderly

patient. Ours is not measured by the amount of testosterone we produce or public accolades we receive, but by the amount of caring, competent skills we provide and positive results we obtain.

Pride, morale boost, happiness, were just a few words I heard reverberate from the field when the State Court of Appeals rejected the City's argument against our obtainment of uniform status. Some members that called the office stated they were glad that we finally acquired this status. The fact is, FDNY EMS has been legally classified as such since 2001 when the City Council over-rode then Mayor Giuliani's veto. Keeping with typical departmental and City immaturity, they refused to openly acknowledge this lawfully acquired status and utilized their position to further demoralize the workforce by keeping us in the civilian bulletin and resisting to negotiate our contract in a uniformed context. I could go on-and-on about this subject, but that is the topic of Pats' article. The reason I mention this is because this situation is just one of many where the system plays with our heads. The result reveals itself in low morale, depression to the point of wearing some people down to tears, and others to where they just leave. I have seen too many good people do just that! But that doesn't solve the problem.

Each of us need to start feeling good about ourselves, despite an environment that promotes the contrary. You do one of the most important jobs in the City! Much like the way the system tried to make believe you were not uniformed, at the end of the day, the truth prevailed. But in order for that to happen, we had to remain vigilant, united, and resolved to the fact that we would prevail. Today, there is a serious recruitment and retention problem here and across the Country in EMS systems. I do applaud the system

(Continued on next page)



SUMMER HAS FINALLY ARRIVED

By Renae O'Carroll, *Executive Board Member*

What a wonderful time of the year. Summertime, the majority of us look forward to. Vacations, trips to amusement parks, barbecues, outdoor time with family and friends, swimming, hiking, picnics, camping and oops I almost forgot, for us the EMTs and PARAMEDICS along with all those great things comes the HIGHER CALL VOLUMES AND MANDATIONS. I hate to throw a monkey wrench into it, but it is what it is. How can we avoid the mandations? Well being in the K.V.O. program is one way. That other than that dreadful late call is one way of possibly ensuring that you can enjoy this wonderful time of the year. Another way is if you aren't in the K. V. O. program, ensure that you do overtime at your convenience to avoid mandations. If you are mandated and can't stay, ask the Lieutenant to canvas for anyone who might want to stay for over-

time and you, yourself can ask a member if they would like to stay for overtime. If you have circumstances where you cannot do any overtime remember to have the supporting documentation and get it signed off through the chain of command. If you are told that the K.V.O. is suspended ask to see the memo stating that it is. You are not calling management a liar, but you want to see the memo that verifies the suspension and it must state citywide not just one division or station. Whatever the reason(s) when you cannot stay PLEASE, PLEASE, PLEASE DO NOT GET INTO AN ALTERCATION WITH SUPERVISION! Your response should be "I am sorry LIEUTENANT, I CANNOT STAY. HERE IS YOUR EQUIPMENT AND HAVE A GOOD DAY. But remember we are all expected to do our share. I would like to wish all of the members a safe and happy summer and will look forward to seeing those that can make it to the next General Membership meeting in September.

WTC MEDICAL MONITORING AND TREATMENT PROGRAM

By ISRAEL MIRANDA

Sisters and Brothers, the WTC Medical Monitoring and treatment program is the term applied to both the FDNY Program and the Mt. Sinai Program which covers five clinical centers in New York City and the surrounding areas.

This program is currently being expanded to cover individuals outside the New York area who meet certain criteria. The program was set up with input from our union and designed to take advantage of the fact that BHS has base-line medical records of all EMS members from the merger forward. The Mt. Sinai Program was designed to mimic what BHS is already doing. The pulmonary function test was enhanced to bring it up to the technology of today. Recently, the computer mental health component was shortened to both reflect the realities of the present.

This program covers all active members and retirees who participated in the WTC Rescue and Recovery effort when a member who is active goes to his annual medical, his information goes into the WTC medical monitoring and treatment program and becomes part of your personal medical history. It would be prudent to share your results with your own physician, so they may follow up or confirm these results. Retired members who have returned for the WTC medical monitoring exam, which is required by NIOSH to take part in the treatment program, must have an exam at least every 18 months. If you have not had a WTC retirees medical monitoring exam, you can schedule an appointment at (718) 999-1858.

If you are an active member and currently experiencing a WTC health related issue, you can call BHS at (718) 999-1948. Ask for

Capt. Louis Terrusa to schedule a medical exam. If you not sure if you are eligible, whether active or retired you would had to have worked at the WTC site from 9/11/01 to 7/25/02 (WTC site, morgues or Staten Island landfill).

If a member active or retired is seeing a physician outside BHS and wants to utilize the WTC prescription program, their M.D. must fill out a Physician Certification for WTC Treatment Program form. The member must bring the form to BHS for endorsement and new prescriptions will be given for immediate treatment. It also can be submitted by computer at BHS by the WTC staff. This contract was bid out and given to express scripts. All members participating in the program should be receiving an express scripts prescription card with a F.D.N.Y. logo. This card will only be accepted with a prescription authorized by the WTC medical Monitoring and treatment program at BHS. I emphasize there is no co-payment. If you did not receive notification by mail of the prescription card and program and are eligible, check if a recent change of address may be the cause or call the union office, leave your name and call back number. Members active or retired should avail themselves of the benefits given by the WTC Monitoring Diagnostic and Treatment Program. I am well aware of the problems our active and retired members are having with the law department. We are trying vigorously to address this issue at different forums. In the meantime, all active and retired members with W.T.C. illnesses or injuries should not wait for the law department or workers' comp to approve diagnostic test and treatment for W.T.C. illnesses or injuries.



PRIDE (Contd.)

(Continued on previous page)

for their efforts on EMS week and the unit of the month program, but so much more needs to be done. We learned a long time ago that the City doesn't give us things because it's the right thing to do. Acquisition of benefits and equipment, have to be fought for through negotiation and/or litigation. Pride is something in this organization we can only obtain from within. Don't expect someone to pat you on your back when they are too occupied with slapping you in the face. Where negativity can be contagious and destructive, pride can be contagious and uplifting! Sow the seed that you want to see grow. At the end of the day, if you can be proud of who you are and what you do, you might just find the change in your life you are looking for... without ever leaving!

As always, stay safe, united and don't ever let them wear you down!
In Solidarity

Donald Faeth
Vice President

These are some of the participating pharmacies, Rite Aid, Duane Reade, CVS, Eckard's, Walgreen's, Wal-mart, K-Mart and Target.

There are some conditions and medications that are not recognized by the program. We are working towards recognition of other conditions as evidence dictates. There is an Appeals Board that will deal with these issues on a case by case basis. If you have any questions call the WTC line at BHS (718) 999-1858 or call you union office at (718) 371-0310. Ask for Izzy and I will get back to you as soon as possible.

A list of recognized conditions and prescriptions is on pages 4 and 5. Sisters and Brothers, we live in a hard world. We must take care of each other. With unity power will follow, bless you all.

In Solidarity

Israel Miranda
Recording Secretary
Health and Safety Coordinator

WTC TREATMENT PROGRAM RECOGNIZED CONDITIONS

AERODIGESTIVE DISORDERS

New onset or aggravation of pre-existing conditions for which clinical findings suggest onset is related to WTC exposure/injury:

- Aerodigestive syndrome
- Asthma
- Chronic Cough Syndrome
- Chronic laryngitis
- Chronic nasopharyngitis
- Chronic Respiratory Disorder—Fumes/Vapors
- Chronic rhinosinusitis
- Gastro-esophageal Reflux Disorder (GERD)
- Interstitial lung diseases
- Reactive Airways Dysfunction Syndrome (RADS)
- Sleep apnea exacerbated by or related to the above conditions
- Upper airway hyperreactivity
- WTC-exacerbated chronic obstructive pulmonary disease (COPD)

MENTAL HEALTH CONDITIONS

New onset or aggravation of pre-existing conditions for which

clinical findings suggest onset is related to WTC exposure/injury: “V codes” (treatments not specifically related to psychiatric disorders, such as marital problems, parenting problems etc.)

- Acute Stress Disorder
- Adjustment Disorder
- Anxiety Disorder (not otherwise specified)
- Depression (not otherwise specified)
- Dysthymic Disorder
- Generalized Anxiety Disorder
- Major Depressive Disorder
- Panic Disorder
- Post Traumatic Stress Disorder (PTSD)
- Substance Abuse

MUSCULOSKELETAL DISORDERS

New onset or aggravation of pre-existing conditions for which careful review of symptoms or other clinical information suggest relationship to WTC exposure/injury:

- Carpal Tunnel Syndrome (CTS)
- Low back pain
- Other musculoskeletal disorders

WTC TREATMENT PROGRAM RECOGNIZED PHARMACEUTICALS

UPPER AIRWAY

- Allegra D
- Astelin
- Atrovent nasal spray
- Benadryl
- Clarinet
- Flonase
- Headache caplets
- Nasacort AQ
- Nasonex
- Rhinocort AQ
- Strength Severe Allergy and Sinus

LOWER AIRWAY

- Advair
- Albuterol
- Asmanex
- Atrovent
- Azmacort

- Combivent
- Cough Med (Duratuss)
- CPAP and BIPAP
- Flovent
- Foradil
- Home Oxygen
- Maxair
- Medrol dose pack
- Nebulizer machine
- Prednisone
- Proventil
- Pulmicort Respule
- Pulmicort turbohaler
- Singulair
- Spiriva

VACCINES

- Flu
- Penumovax

LOWER AIRWAY

***The following may be approved for use only by a pulmonary physician, principal investigator or his/her designee:**

- Acetylcysteine
- Azathioprine
- Cyclophosphamide
- Cyclosporine
- Interferon Gamma 1b
- Mycophenolate
- Tacrolimus
- ? Pre-transplant vaccines

TOBACCO CESSATION

- Chantix
- Nicotine Gum
- Nicotine Inhaler
- Nicotine Lozenge

WTC TREATMENT PROGRAM

RECOGNIZED PHARMACEUTICALS

Nicotine Nasal
 Nicotine Patch
 Wellbutrin XL

Sonata
 Trazodone
 Wellbutrin XL

Tizanidine (Zanaflex)
 Tramadol (Ultram, Ultram ER, Ultracet)
 Triamcinolone (Kenalog)

GASTROINTESTINAL

Aciphex
 Metoclopramide
 Nexium
 Pepcid Complete
 Pravacid
 Prilosec
 Colace
 Sennacot

*** The following may be approved for use only by a mental health physician, principal investigator or his/her designee:**

Abilify
 Acamprosate
 Adderall (reg and XR)
 Buprenorphine
 Cytomel
 Depakote
 Dexedrine SR
 Geodon
 Haldol
 Lamictal
 Lithium Carbonate
 Modafinil
 Prazosin
 Risperdal
 Seroquel
 Tegretol
 Thorazine
 Viagra
 Zyprexa

*** The following may be approved for use only by a pain management specialist, principal investigator or his/her designee:**

Baclofen
 Botulinum Toxin (BoTox, MyoBloc)
 Butalbital (Fioranal, Fioricet)
 Carbamazepine
 Carisprodol (Soma)
 Febtanyl (Duragesic, Actiq)
 Hyalgan infections
 Hydrodone (Lortab, Lorcet, Vicodin, Vicoprofen, Zydone, Norco)
 Hydromorphone (Dilaudid)
 Hylan GF-20 (Synvisc, Euflexxa, Orthovisc)
 Lidocaine (Lidoderm 5%)
 Metalaxone (Skelaxin)
 Methadone (Dolophine, Methadose)
 Methocarbamol (Robaxin)
 Methylprednisolone (DepoMedrol)
 Morphine (MS-Contin, MS-IR, Avinza, Kadian, Duramorph)
 Orthovisc Injections
 Pentazocine (Talwin)
 Pregabalin (Lyrica)
 Propoxyphene (Darvocet, Darvon)
 Topiramate (Topamax)

ANTIBIOTIC

Amoxicillin
 Augmentin
 Azithromycin
 Bactrim
 Biaxin
 Doxycycline
 Foscarnet*
 Ganciclovir*
 Isoniazid
 Levaquin
 Zithromax

*** The following may be approved for use only by the principal investigator or his/her designee.**

MENTAL HEALTH

Ambien
 Ambien CR
 Amitriptyline
 Aprazolam (Xanax)
 Ativan
 Citalopram (Celexa)
 Clonazepam
 Cymbalta
 Diazepam
 Doxepin
 Effexor
 Fluoxetine (Prozac)
 Klonopin
 Lexapro
 Lunesta
 Neurontin
 Nortriptyline
 Paroxetine (Paxil)
 Sertraline (Zoloft)

PAIN MANAGEMENT

Acetaminophen (Tylenol #2, Tylenol #3, Tylenol #4)
 Amitriptyline (Elavil)
 Celecoxib (Celebrex)
 Choline Magnesium Trisalicylate (Trilisate)
 Codeine
 Cyclobenzaprine (Flexeril)
 Diclofenac (Arthrotec, Voltaren)
 Duloxetine (Cymbalta)
 Gabapentin (Neurontin)
 Ibuprofen (Motrin, Nuprin)
 Indomethacin (Indocin)
 Lidoderm patches
 Meloxicam (Mobic)
 Metalaxone (Skelaxin)
 Nabumetone (Relafen)
 Naprosyn
 Nortriptyline (Pamelon)
 Oxycodone (Oxy-Contin, Oxy-Fast, Percocet, Endocet, Percodan, Roxicodone, Roxicet)



EMT FELIX HERNANDEZ ANNUAL MEMORIAL

BY JOE CONZO, *Secretary-Treasurer*

On May 7 of this year members of Battalion 18 hosted the First Annual EMT Felix Hernandez Barbecue and Yankee Game Outing, named in honor of a 911 fallen hero.

EMT Felix Hernandez, a 10-year veteran, worked at Stations 14 and 17 in the Bronx. Being a deeply religious person, Felix was there for everyone from coworkers to his patients he provided care for. A big Yankee fan, Felix ran a sports program from his church for the youths from his Brooklyn neighborhood. He took his love of baseball and brought it to The Lincoln Hospital, Station 14 in The Bronx. With the help of then Lts. Felipe Periu, Kevin Haugh and Gerry Gelbar, EMS Night at Yankee Stadium started.

7 years has passed since the first EMS night at Yankee Stadium, man we had some good times back then. We used to pile into the back of any unit at Hosp 27 and drive over to the stadium! Good times with good people from the Bronx. The word

spread through out the 5 boroughs and each year our outing became larger and larger. Felix was in his glory.

It has been 2 years since Felix Hernandez, at the age of 31, died of a rare Lung disease. Felix never smoked. Felix, like a lot of us responded to that horrible day on 9/11 and worked countless days after. He spent his last year on medical leave from the Dept. and passed away peacefully with family and friends on Oct. 23, 2005.

In his honor, the Annual EMS night at Yankee Stadium was change to The Annual EMT Felix Hernandez Barbecue and Yankee Game outing. I personally would like to thank the brave men and women of EMS who came out to support this outing. Captains Periu, Haugh and Gelbar for continuing this outing for the last 7 years. Captain Levinson and the Battalion 18 personnel for hosting the barbecue and The Department for providing transportation to Yankee Stadium. I kind of miss jumping into the back of the Ambulance!

We will never forget you Felix, God Bless!

DARRYL CHALMERS INTRO INTO LOCAL 2507

I want to take this opportunity to apprise you of our history, and our expanding mission in the New York City Fire Department as Fire Protection Inspectors.

Fire Prevention Inspectors represents the backbone of the Fire Department's fire protection operations in New York City—that is, the approximate 230 of Fire Protection Inspectors in the Bureau of Fire Prevention. Anyone familiar with local news stories knows that the number of lives lost to fire has dramatically declined. Property damage and destruction is significantly down. This is without a doubt the result of tactical planning and the concerted efforts of the Fire Protection Inspectors in the Bureau of Fire Prevention over many years.

For many years, Fire Protection Inspectors have been vigorously striving to form a strong alliance with our brothers and sisters in the Fire Department. These co-workers are our fellow public health professionals of whom we are immensely proud for having conquered many labor issues with the Department. They are the Uniformed EMT's and Paramedics Union.

Please take note of the history of Fire Prevention dating back almost a century, and the continuing role of Fire Protection Inspectors regarding Fire Prevention in the present:

The mandates of the NYC Charter and the Administrative Code concerning the prevention of fires are the consequence of the 1911 Triangle Shirtwaist Company fire. This fire claimed the lives of 146 people. Public outrage prompted the enactment of the New York State Labor law, and the establishment of what has come to be known as the Bureau of Fire Prevention in 1913.

Currently, Fire Protection Inspectors review all high-rise buildings fire alarm system plans and inspect all premises storing or operating hazardous materials or equipment. A comprehensive inspection is required annually before the issuance of a permit at all such locations. Fire Protection Inspectors witness the testing of the following that includes, but is not limited to all Sprinkler and Standpipe sys-

tems every 5 years that fall within the jurisdiction of the Fire Department. Fire Protection Inspectors help guard against panic in potential fire situations by ensuring compliance with means of egress regulations, maintenance of fire exits and conducting fire drills. Fire Protection Inspectors inspect high-rise office buildings and hotels annually throughout the city and enforce multiple fire safety code requirements. They act in very close cooperation with the Fire Department's Bureau of Operations as well as other city agencies.

Fire Protection Inspectors work behind the scenes, and are present to ensure fire safety at all fireworks display projects. They communicate interagency referrals concerning high hazard conditions at various locations. Coordination with administration and division chiefs in the issuing of vacate through out the five boroughs and the processing of general fire safety complaints. Many Fire Protection Inspectors promote public safety beyond simply performing inspections.

The Bureau of Fire Prevention's Inspectors generate over 89% of the total of Bureau of Fire Prevention revenue. There are approximately 200 line inspectors supported by an estimated 50 supervisors and examiners.

Knowing that we are a great asset to the Fire Department and knowing that local 2507 is a great asset to the Fire Department, I take great pride in knowing that we, the Uniformed Fire Protection Inspectors are now part of a great local; local 2507.

I believe that together, we will be a labor force to be reckoned with and we will have a lot of fun benefiting the members of the "UNIFORMED EMT'S, PARAMEDICS AND FIRE PROTECTION INSPECTORS UNION."

Thank you for allowing us to be part of a great local.
Very truly yours,

Darryl Chalmers

President, Chapter 1, Local 2507, D.C. 37

EMT FELIX HERNANDEZ ANNUAL MEMORIAL



Photos by Joe Conzo

THE FORGOTTEN EMT'S OF EMERGENCY MEDICAL DISPATCH



By **OREN BARZILAY**, *Executive Board Member*

Last month, EMT'S and Paramedics across the nation were recognized and honored by their respective employers for the great and arduous work that they perform, 24 hours a day 7 days a week.

The FDNY's Bureau of EMS had honored its field personnel as they have been for the past several years, however, yet again, not a mention was made of the Emergency Medical Dispatch Division. Our dedicated and hard working dispatchers play a vital role in the delivery of the field personnel to the scene of all assignments; whether they are for everyday sick people, fires, car accidents, or high casualty catastrophes. They do all this with fewer personnel, while the call volume invariably increases on an annual basis.

The Communications sector, of which EMD is a significant cog, receives, screens, prioritizes and dispatches more than 1 million requests for help a year, yet no one receives an accolade of praise. We are the largest and busiest 911 center in the nation, and probably the world as well, yet not one dispatcher is singled out for an honor.

Last year, I had discussions regarding this issue with the officers in charge of EMD attempting to rectify this great travesty, but to no avail. This will be an ongoing issue, annually, until this issue is rectified. I'm not asking for dispatchers, specifically, to be rewarded above all else, but I believe that they too should be honored during this most important time.

Even though management has not given us the recognition and respect that we deserve for the extremely hard and professional jobs that we do, we will continue to rise to the occasion and do the job that is as important as the field units that we dispatch.

To my brothers and sisters in EMS, I ask that we all set aside our petty bickering and differences, and remember what makes us ALL great. Cohesiveness on this job is not only paramount to our patients survival, but to our own safety and security as well. I ask each and every one of the field personnel to take a moment out of their day, whether they are working or not, and pick up a land line and call your respective dispatcher to wish them a happy belated EMS week.

Wishing you all a happy, healthy and above all, SAFE tour.

MEET THE PEOPLE



April 22 a few members from different stations come together for a friendly softball game. Too many names to list so I'll just mention the stations. EMD, Station 54, Station 38, Station 49, Station 20, CFR, DIV 4, Station 32, OPS, NYPD, NY Hospital.

COMMAND DISCIPLINE

BY JACK SCHAEFER

Members can be subject to two types of discipline. Informal proceedings, which occur at the station level, via command discipline (CD) and formal: proceedings occur at the departmental level via trial (BITS). Members should never attend a CD session or Departmental Trial without union representation.

Informal Discipline or Command Discipline is intended to be non-adversarial, corrective, quick as well as fair in nature, not punitive. The process is conducted on duty. Overtime rules apply. Penalties can range from verbal admonishment up to a fine of seven days pay. A members' voluntary consent is always required before a CD penalty can be imposed.

Time constrains the process. Within 7 calendar days of the

alleged violation the member must be informed of the proposed penalty. A member then has 5 days to accept or reject the proposed penalty. If a member accepts the proposed penalty and signs the CD it is an admission of guilt. If no further incidents occur the record is expunged in one year.

If a member rejects the proposed penalty the matter is referred for presentation of formal charges at the departmental level.

Considerations

Never accept the statements "its just a CD," it doesn't matter," "sign it" or "get it over with." if these are the reasons offered for accepting the CD the matter is apparently trivial and a verbal warning should suffice. If the process is time barred invoke your union right and file a grievance ASAP.

** Requesting union representation or filing a grievance at an informal hearing is not an automatic election of formal proceedings.

THE NATIONAL EMS MEMORIAL – ROANOKE, VIRGINIA



EMS NIGHT WITH LIBERTY AT M.S.G.



Photos by Joe Conzo

UNION CONNECTION

By LESTER MUATA GREENE, Labor Liaison

Welcome to Part 2 of Labor's Great History; in order to get a real feel of Labor's Great History, lets look at the General Motors strike 1936-1937, the Strike that changed American and World labor history, by taking a stand for workers rights.

It was winter in Flint, Michigan the birthplace of General Motors. On December 30,1936, 700 workers at the General Motors Flint plant employed the tactic of sit-down whether than walk out which would allow the company to hire "SCABS" non union workers to do the work. The workers said we will eat, sleep guard and protect fellow workers 24 hours a day, for as long as it takes, sitting down for what is right! This took place in Fisher Body #1 and #2. The workers had educated the community so that they supported the "Sitdowners" as they were called. A Women's Emergency Brigade was formed that took the front of

the picket lines against the police and goons.

This 44 day action won collective bargaining agent rights for the United Automobile Workers (UAW).

A Great history of Labor's most victorious struggle.

May is Workers' History Month. The following are important Labor History facts:

May 1,1889 – First International Workers' Day

June 13,1888 – U.S. Department of Labor established

July 28, 1869 – Daughters of St. Crispin become First National Union of Women Workers'

December 8, 1886 – American Federation of Labor formed.

Next "Union Connection" Special on International Labor.



RODNEY WATKINS RETIREMENT PARTY



Photos by Joe Conzo

Visit us online at local2507.com

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718-371-0310**

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Donald Faeth, *Vice President*
Joe Conzo, *Secretary-Treasurer*
Israel Miranda, *Recording Secretary*

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